

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 03 / 01 / 2016 To: M M / D D / Y Y Y Y Y 03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2016		581209.30
(b) Cash on Hand at Beginning of Reporting Period.....	507108.68	
(c) Total Receipts (from Line 19)	43498.47	87397.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	550607.15	668607.15
7. Total Disbursements (from Line 31)	60500.00	178500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	490107.15	490107.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		2	0	1	6		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20396.10

33484.62

(ii) Unitemized

3102.37

8913.23

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

23498.47

42397.85

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

20000.00

45000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

43498.47

87397.85

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

43498.47

87397.85

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

43498.47

87397.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	178500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60500.00	178500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60500.00	178500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43498.47	87397.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43498.47	87397.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 27

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. J Scott Davison

Mailing Address 9601 E 300 S

City

Zionsville

State

IN

Zip Code

46077-8825

FEC ID number of contributing
federal political committee.

C

Name of Employer

OneAmerica

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : 70844517

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Thomas M. MarraMailing Address 777 108th Avenue NE
Suite 1200

City

Bellevue

State

WA

Zip Code

98004-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : 70844518

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul B Pheffer

Mailing Address 100 Court Street

City

Binghamton

State

NY

Zip Code

13901-3479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Security Mutual Life Insurance Company

Occupation

EVP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : 70844519

Amount of Each Receipt this Period

1600.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig R Raymond

Mailing Address P.O. Box 69

City State Zip Code
 Adams MA 01220-0069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

SVP, Life & Disability

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : 70845972

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jacqueline Veneziani

Mailing Address 777 108th Avenue NE
 Suite 1200

City State Zip Code
 Bellevue WA 98004-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

Vice President & Assoc. General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : 70845974

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wesley W Severin

Mailing Address 777 108th Avenue NE

City State Zip Code
 Bellevue WA 98004-5130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

VP - National Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : 70846812

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Christine A. Katzmar Holmes

Mailing Address 9607 SE 15th Sztreet

City

Bellevue

State

WA

Zip Code

98004-6754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

SVP, HR & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : 70846813

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dena Thompson

Mailing Address 777 108th Avenue NE
Suite 1200

City

Bellevue

State

WA

Zip Code

98004-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

VP & Sr. Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : 70846816

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brent P Martonik

Mailing Address 8822 121st St E

City

Puyallup

State

WA

Zip Code

98373-7914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : 70846867

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Richard G. LaVoice

Mailing Address 708 2nd Street

City	State	Zip Code
Kirkland	WA	98033-5551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Symetra Financial Corporation

Occupation

Sales Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : 70846868

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Frederick L. Wortman

Mailing Address 104 Lagrange Street

City	State	Zip Code
Vestal	NY	13850-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Security Mutual Life Insurance Company

Occupation

Executive Vice President, Administrati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : 70846978

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Vincent J. Montelione

Mailing Address 226 Parks Road

City	State	Zip Code
Chenango Forks	NY	13746-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Security Mutual Life Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : 70847454

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : PR1156427147134

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen F. Kiernan

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : PR1728112747134

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$80.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Ms. Carolyn C. Cobb

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

734.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : PR1821819647134

Amount of Each Receipt this Period

244.80

☐ Memo Item

P/R Deduction (\$122.40 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

504.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Honora Dirk A. KempthorneMailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016**Transaction ID : PR1871324547134**

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Brian WaidmannMailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016**Transaction ID : PR1872428347134**

Amount of Each Receipt this Period

400.00

☐ Memo Item

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Anita PeduzziMailing Address 101 Constitution Avenue
Suite 700 W

City Washington State DC Zip Code 20001-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016**Transaction ID : PR1978714947134**

Amount of Each Receipt this Period

83.34

☐ Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry D. D. BurtonMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR2348687347134

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Rodney A. PerkinsMailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR2352660547134

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Mr. Gary E. HughesMailing Address 101 Constitution Avenue, NW
Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1127.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR771358247134

Amount of Each Receipt this Period

375.80

☐ Memo Item

P/R Deduction (\$187.90 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

992.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

03 / 31 / 2016

Transaction ID : PR771362447134

Amount of Each Receipt this Period

123.00

☐ Memo Item

P/R Deduction (\$61.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

977.82

Date of Receipt

03 / 31 / 2016

Transaction ID : PR771373247134

Amount of Each Receipt this Period

325.94

☐ Memo Item

P/R Deduction (\$162.97 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

03 / 31 / 2016

Transaction ID : PR771374047134

Amount of Each Receipt this Period

184.00

☐ Memo Item

P/R Deduction (\$92.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

632.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John W. Mangan CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : PR771377147134

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Morris R. Goff

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : PR771419347134

Amount of Each Receipt this Period

214.00

☐ Memo Item

P/R Deduction (\$107.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : PR771421047134

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

514.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Lisa J. Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 31 / 2016

Transaction ID : PR771423247134

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. John P. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 31 / 2016

Transaction ID : PR771428747134

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.49

Date of Receipt

03 / 31 / 2016

Transaction ID : PR771428947134

Amount of Each Receipt this Period

287.16

☐ Memo Item

P/R Deduction (\$143.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

517.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : PR771444347134

Amount of Each Receipt this Period

218.08

☐ Memo Item

P/R Deduction (\$109.04 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : PR771449647134

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Maurice A. Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : PR805149147134

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

734.74

20396.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Securian Inc PAC

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

FEC ID number of contributing
federal political committee.

C C00120006

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 15 / 2016

Transaction ID : 70433471

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Penn Mutual Life Insurance Company PAC

Mailing Address 600 Dresher Road

City State Zip Code
Horsham PA 19044

FEC ID number of contributing
federal political committee.

C C00142372

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 24 / 2016

Transaction ID : 70844516

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIAA-CREF Political Action Committee

Mailing Address 601 Thirteenth Street NW
Suite 700 North

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00431361

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 01 / 2016

Transaction ID : 70861204

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pacific Life Insurance Company PAC

Mailing Address 700 Newport Center Drive

City State Zip Code
 Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C C00068528

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **01** / **2016**

Transaction ID : 70861218

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

20000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Republican Federal Committee of Pennsylvania

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Mailing Address 112 State Street

City	State	Zip Code
Harrisburg	PA	17101

Purpose of Disbursement
Political Contribution

011

Candidate Name

Republican Federal Committee of PennsylvaniaCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : 70424944

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
Political Contribution

011

Candidate Name

Healthcare Freedom FundCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : 70424982

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Opportunity and Responsibility Restored in our Nation PAC (Orrinpac)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Mailing Address P.O. Box 3986

City	State	Zip Code
Washington	DC	20027

Purpose of Disbursement
Political Contribution

011

Candidate Name

Opportunity and Responsibility Restored in our Nation PAC (Orrinpac)Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : 70424990

Amount of Each Disbursement this Period

5000.00

☐ Memo Item
Political Contribution
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Mailing Address 701 8th Street NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Freedom FundOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 70425003

Amount of Each Disbursement this Period

5000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. AMERIPAC: The Fund for a Greater America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

AMERIPAC: The Fund for a Greater AmericaOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 70425009

Amount of Each Disbursement this Period

5000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Devin NunesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID : 70425020

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
Political Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blumenthal For ConnecticutMailing Address C/O Cacace Tusch & Santagata
777 Summer St Suite 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Richard BlumenthalOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : 70425021

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Rothfus Inc.

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Keith RothfusOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : 70425022

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Tim ScottOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : 70425023

Amount of Each Disbursement this Period

4000.00

☐ Memo Item
Political Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brad Ashford For Congress

Mailing Address PO Box 24023

City Omaha	State NE	Zip Code 68124
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Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Brad AshfordOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70425024

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Luke Messer For Congress

Mailing Address PO Box 917

City Shelbyville	State IN	Zip Code 46176
---------------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Luke MesserOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70425098

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland	State OR	Zip Code 97232
------------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Ron WydenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70425296

Amount of Each Disbursement this Period

3000.00

☐ Memo Item
Political Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ron Johnson For Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Mailing Address 219 E Washington Ave
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Sen. Ron JohnsonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Transaction ID : 70425468

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Mailing Address P.O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Peter RoskamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID : 70425522

Amount of Each Disbursement this Period

5000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Blaine For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Mailing Address PO Box 98

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Blaine LuetkemeyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 03

Transaction ID : 70425808

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
Political Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media	State PA	Zip Code 19063
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Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Patrick MeehanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70425846

Amount of Each Disbursement this Period

5000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Denny Heck For Congress

Mailing Address PO Box 235

City Olympia	State WA	Zip Code 98507
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Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Denny HeckOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70426790

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Stabenow for US Senate

Mailing Address PO Box 4945

City East Lansing	State MI	Zip Code 48826
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Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Debbie StabenowOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70426828

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Political Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Sam Johnson

Mailing Address PO Box 860096

City Plano	State TX	Zip Code 75086
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Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Sam Johnson

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 03

Disbursement For: 2016	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70426925

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Hurd For Congress

Mailing Address PO Box 761029

City San Antonio	State TX	Zip Code 78245
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Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Will Hurd

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 23

Disbursement For: 2016	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70426976

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Friends for Gregory MeeksMailing Address 153-01 Jamaica Ave
Suite 535

City Jamaica	State NY	Zip Code 11432
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Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Gregory Meeks

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 05

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70427009

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Political Contribution
SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristi For Congress

Mailing Address PO Box 852

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Kristi Noem

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: SD	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70427047

Amount of Each Disbursement this Period

1500.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Price For Congress

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Thomas Price M.D.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: GA	District: 06

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70427081

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Sherman for CongressMailing Address 777 S. Figueroa St
Suite 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Brad Sherman

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 30

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : 70427117

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Political Contribution
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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